

**Office of the United States Trustee - Region 1**  
**Monthly Post-Confirmation Summary Report**  
**For The Month Ending \_\_\_\_\_**

IN RE:

\_\_\_\_\_  
DEBTOR(S)

CASE NO. \_\_\_\_\_

Confirmation Date: \_\_\_\_\_

Disbursing Agent: (if applicable) \_\_\_\_\_

**1.) BEGINNING OF MONTH CASH BALANCE:**

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**Cash Receipts this month:**

From business operations

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From loan proceeds

--

From contributed capital

--

From tax refunds

--

From other sources (identify)

**2.) TOTAL CASH RECEIPTS**

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**Cash Disbursements this month:\***

Plan payments - Administrative

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Plan payments - Secured Creditors

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Plan payments - Priority Creditors

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Plan payments - Unsecured Creditors

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Plan payments - Other

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Other payments

**3.) TOTAL CASH DISBURSEMENTS**

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**4.) END OF MONTH CASH BALANCE:**

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(line 1 + line 2 - line 3 = line 4)

**\* Please attach detail.** ALL DISBURSEMENTS MADE BY THE REORGANIZED DEBTOR OR ON BEHALF OF THE REORGANIZED DEBTOR, EITHER UNDER THE PLAN OR OTHERWISE, MUST BE ACCOUNTED FOR AND REPORTED HEREIN FOR THE PURPOSES OF CALCULATING QUARTERLY FEES.

1. Projected date of Application for Final Decree: \_\_\_\_\_, 20\_\_
2. Have plan payments been timely disbursed as required by the Plan? (*Please circle*) Yes No  
If no, explain the circumstances that have impacted the Debtor's ability to perform under the plan.

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3. Is the Debtor current with all post petition and post confirmation debt? Yes No. If No, please describe. \_\_\_\_\_

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4. What remaining issues require resolution before an Application for Final Decree will be filed?

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Pursuant to 28 U.S.C. §1746(2), I hereby declare under penalty of perjury that the information contained in this document is true, complete, and correct to the best of my knowledge and belief.

RESPONSIBLE PARTY

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
(Signature)

Name & Title: \_\_\_\_\_  
(Print or type)

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No.: \_\_\_\_\_